

IMPORTANT: A separate check and application form must be sent for each course or section.

APPLICATION FORM (PLEASE PRINT)

NAME _____ PHONE _____

HOME ADDRESS _____

CITY _____ ZIP CODE _____

E-MAIL _____

COURSE _____ TUITION _____

SECTION A B C D E F G H (Circle section desired) DAY OF WK _____

NON-RESIDENT FEE _____ LATE FEE(After 2/1/10) _____

ALL PARTICIPANTS ENTER PROGRAMS AT THEIR OWN RISK.

CIRCLE GRADE IF STUDENT 10 11 12 PARENT'S SIGNATURE _____

to postmarks prior to January 18 will be accepted. No hand deliveries. Do not include materials fee.

MAKE CHECKS PAYABLE TO: FRANKLIN REGIONAL ADULT SCHOOL, INC.

MAIL TO: COURSE REPRESENTATIVE AT THEIR HOME ADDRESS

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